



DEPARTMENT OF THE NAVY
BOARD FOR CORRECTION OF NAVAL RECORDS
2 NAVY ANNEX
WASHINGTON DC 20370-5100

JRE
Docket No: 4394-99
21 August 2000



Dear [REDACTED]

This is in reference to your application for correction of your naval record pursuant to the provisions of title 10 of the United States Code, section 1552.

A three-member panel of the Board for Correction of Naval Records, sitting in executive session, considered your application on 10 August 2000. Your allegations of error and injustice were reviewed in accordance with administrative regulations and procedures applicable to the proceedings of this Board. Documentary material considered by the Board consisted of your application, together with all material submitted in support thereof, your naval record and applicable statutes, regulations and policies. In addition, the Board considered the advisory opinion furnished by Specialty Advisor for Cardiology, dated 1 February 2000, a copy of which is attached, and the information you submitted in response thereto.

After careful and conscientious consideration of the entire record, the Board found that the evidence submitted was insufficient to establish the existence of probable material error or injustice. In this connection, the Board substantially concurred with the comments contained in the advisory opinion. It was not persuaded that you were unfit for duty because of a heart condition or a seizure disorder, or that you were entitled to a higher disability rating from the Department of the Navy. Accordingly, your application has been denied. The names and votes of the members of the panel will be furnished upon request.

It is regretted that the circumstances of your case are such that favorable action cannot be taken. You are entitled to have the Board reconsider its decision upon submission of new and material evidence or other matter not previously considered by the Board. In this regard, it is important to keep in mind that a presumption of regularity attaches to all official

records. Consequently, when applying for a correction of an official naval record, the burden is on the applicant to demonstrate the existence of probable material error or injustice.

Sincerely,

W. DEAN PFEIFFER
Executive Director

Enclosure

01 FEB 2000

From: CAPT K.F. Strosahl, MC, USN; Specialty Advisor for Cardiology
To: Chairman, Board for Correction of Naval Records

Subj: REQUEST FOR COMMENTS AND RECOMMENDATIONS IN
THE CASE OF FORMER [REDACTED]

Encl: (1) BCNR File
(2) Service Record / Medical Record / Dental Record
(3) VA Records
(4) Physical Evaluation Board Proceedings

1. Enclosures were received 31 JAN 00 and reviewed.
2. Findings of fact:
 - a. HTR entry of 02 JUN 93 is by a Neurologist with the reason for evaluation being "r/o Petit Mal Seizure". The evaluation does indicate "'black out' x 2 1/2 yrs" and indicates they last for "30 seconds". Assessment of "'syncopal episodes - r/o seizure" was made and the patient was referred for EEG which was performed on 08 JUN 93. There is no result of the EEG or f/u entry by Neurology.
 - b. The PEB was dictated after evaluation 01 FEB 93 at which time the annotation "he has no medical problems" was made.
 - c. VA evaluation on 02 FEB 94 elicited the history of black outs and that a Holter was performed without any treatment following, but no report was available. An EKG on 02 FEB 94 revealed "Marked SB with second degree SA Block, Mobitz I". He was referred to triage for "immediate evaluation". The diagnosis of "second degree AV block" was made and it was postulated "this may very well be the cause of his black outs, although it might be incidental". There are no results of further evaluation, including the Holter monitoring that is mentioned to be ordered.
 - d. The EKG does *not* show any evidence of AV (atrial-ventricular) heart block. The EKG was actually interpreted as showing SA (sinoatrial exit block), Mobitz I (second degree). This is entirely different from AV block.
3. Sinus Node / Sinoatrial Exit block "is due to a conduction disturbance during which an impulse formed within the sinus node fails to depolarize the atria or does so with delay." "During type I (Wenchebach) second degree SA exit block, the P-P interval progressively shortens prior to the pause, and the duration of the pause is less than two P-P cycles." [Heart Disease by Eugene Braunwald, 5th edition, 1997, page 647] The EKG of 02 FEB 94 does not meet these criteria. It does demonstrate sinus bradycardia with normal sinus arrhythmia, normal for a 25 yo individual.

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4. IMPRESSION: The record, as presented for review, does document a reported history of 30 second black outs. The author of the medical board was unaware of this history in FEB 93. There is documentation of an initial Neurologic evaluation but the f/u visit with results of the EEG and conclusions / recommendations are not present. There is reference in the FEB 94 entry that a Holter monitor may have been done but no treatment prescribed. While sinoatrial exit block can cause syncope, it is also very common in young, healthy military personnel who have high resting vagal tones. The documentation in the record that the member had AV (atrioventricular) block and the assignment of 30% disability may be in error by the VA. Without further documentation of the "immediate evaluation" subsequent to the 02 FEB 94 examination, the diagnosis of AV block can not be confirmed. There is no documentation in the records that the member had a heart condition that caused his reported symptoms. A PEB for AV block would not be warranted in the absence of documented AV block. There is no substantiating evidence to support the diagnosis of "Stokes-Adams Syndrome". Whether the member should have received a PEB for seizure disorder would depend on the health treatment record documentation of a visit two weeks after 02 JUN 93 when the Neurologist saw the member back with the results of the EEG. If such a visit did take place, the fact that the member was on no anti-seizure medications when evaluated by the VA on 02 FEB 94 would suggest that the diagnosis of a seizure disorder was not made in JUN 93. That the member remained without a pacemaker or seizure medication through date of discharge from military service would suggest that the cause of the blackouts was not harmful and may have been more properly related to the "Adjustment Disorder with Anxious Mood" diagnosis made 18 MAR 93.

Respectfully,

[REDACTED]